

Periscope.

Drs. LOUISE FISKE-BRYSON, A. FREEMAN and GRACE PECKHAM.

ATAXIA IN A CHILD OF TWELVE.

The "Montreal Medical Journal," March, 1890, contains Dr. Blackader's report of such a case, W. J., a boy, the second child in a family of ten. Seven of these children died of infectious disease, with the possible exception of one infant who succumbed to diarrhoea. The other two survivors are a girl about four and an infant of sixteen months, who are in good health and without impairment of knee-jerk. The family history, near and remote, is good, except an occasional excessive indulgence in alcohol on the part of the father. W. J. was quiet as a baby; nursed till the tenth month; a little late in teething; no convulsions; but had a fall, cutting the forehead, the scar being still perceptible a little to the right of the median line. Since the age of five he has suffered from headaches on the right side, resembling migraine, accompanied by vomiting, which lasted several hours and pass off during a night's sleep. Any excitement may produce them, though their regular appearance is three or four times a month. They are less severe than formerly. The first unsteadiness in gait was noticed about six years ago, and the alteration in speech began two or three years ago, gradually becoming more marked. Present condition: fairly well-nourished, four feet five inches in height, weighs eighty-five pounds, has distinct talipes equinus in both feet, slight curvature of the spine, absence of patellar reflex, slight diminution of cutaneous reflexes, well-marked ataxic gait, and ataxia of the upper extremities. The body sways from side to side in walking, the legs are widely separated, and the feet thrown forward. Even when standing, there is much swaying if the feet are placed together; and this swaying is only slightly increased by closing the eyes. Walking backward is fairly well done. Attempts to touch the tip of the nose are about an inch or two at fault, though picking up a pin, even with the eyes closed, meets with greater success. There is no muscular atrophy, and no spastic rigidity. Speech is jerky, with an abrupt pause between the several syllables, and occasionally elision of the last

consonant, all of which is less marked in reading aloud than when speaking. There are no abdominal or thoracic symptoms; urine normal; no constipation; sleep generally quiet; no nocturnal enuresis. His mother states that it takes him longer to void urine than formerly. Pulse standing), 84—regular. Intelligence unimpaired. Ophthalmoscopic examination: "Vision normal; accommodation active; pupils even, oscillating three mm.; color vision normal; field free; fundus, slight posterior staphyloma, vessels slightly smaller than usual; no nystagmus, but some slight ataxia of muscles of eyeball."

During the past few years Friedreich's ataxia has been fully recognized by the profession, cases being recorded from time to time in the journals, so that the salient points of difference between it and Duchenne's *tabes dorsalis* are now generally acknowledged. Onmerod ("Brain," vol. vii., p. 111), Carré, Dreschfield, and Powers have reported cases. The symptoms in his patient, Dr. Blackader thinks, point to disease confined almost entirely to the posterior columns, but involving also the medulla. Cerebellar trouble would seem to be excluded by the history, by the absence of occipital pain and of optic neuritis, the absence of patellar reflex, and the presence of ataxia in the upper extremities. True *tabes* is also excluded by the age (six years) when the disease appeared, the impairment of speech, the absence of lightning pains and of alteration in pupillary reflexes. Insular sclerosis would give somewhat similar symptoms. The absence of eye symptoms and any paresis or spastic rigidity would exclude such a diagnosis. From other cases of Friedreich's disease, this differs in the following particulars: the absence of any other known case in the family, the previous migraine, and the indications of some paresis of the bladder.

SYPHILIS AND GENERAL PARESIS.

The "Bulletin de la Société de Médecine Mentale" for March, 1890, contains Dr. Cuyllit's paper on this subject. Three hypotheses exist concerning the relation of syphilis and general paresis. One, that general paresis always has syphilis as a cause. Another, that syphilis never causes it. And the third, that syphilis exercises some influence upon its production, whether as determining or occasional cause. There is still another view to take of the case: general paresis engenders syphilis. The general paralytic during the stage of excitement that precedes the development of his true malady gives way to every kind of excess, speci-